AMENDED IN ASSEMBLY APRIL 20, 2006

CALIFORNIA LEGISLATURE—2005-06 REGULAR SESSION

ASSEMBLY BILL

No. 2400

Introduced by Assembly Member Plescia Benoit

February 23, 2006

An act to amend Sections 139.31, 4616, 5307.1, and 5318 of, and to add Section 4610.5 to, the Labor Code, relating to workers' compensation. An act to amend Sections 717, 922.1, 922.2, 922.3, 922.4, 922.5, 922.6, 922.7, and 1011 of, and to repeal Section 922.8 of, the Insurance Code, relating to reinsurance.

LEGISLATIVE COUNSEL'S DIGEST

AB 2400, as amended, Plescia Benoit. Workers' compensation. Reinsurance.

Existing law provides that a ceding insurer is allowed credit for reinsurance as either an asset or a deduction from liability under specified conditions if the reinsurance contract contains certain provisions.

This bill would make several changes in the law of reinsurance. It would set forth a declaration of intent promoting consistent regulation of reinsurance throughout the country and amending several provisions of existing law to conform it with the National Association of Insurance Commissioner's Credit for Reinsurance Model Law.

The bill would further define when a reinsurance agreement is "materially deficient" for the purpose of evaluating an insurer's application for a certificate of authority. It would revise requirements for the reinsurance contract, and would prohibit the Insurance Commissioner from requiring specific provisions. It would revise the qualification requirements for reinsurers, including required trust

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provisions. It would repeal provisions that specifically authorize the commissioner to impose related requirements. It would clarify the commissioner's authority to regulate assumption reinsurance transactions.

(1) Existing law establishes a workers' compensation system, administered by the Administrative Director of the Division of Workers' Compensation, to compensate an employee for injuries sustained in the course of employment.

Existing law requires every employer to establish a utilization review process, either directly or through its insurer or entity with which an employer or insurer contracts for these services, including procedures for preauthorization of medical services.

This bill would also prohibit nonemergency outpatient surgery, as specified, from being performed unless the treating physician or the facility has received a service preauthorization from the insurer or self-insured employer.

(2) Existing law provides that it is unlawful for a physician to refer a person for medical goods or services, including outpatient surgery services, whether for treatment or medical-legal purposes, if the physician or his or her immediate family has a financial interest with the person or in the entity that receives the referral.

Existing law also provides for an exemption from this prohibition for outpatient surgical centers when the referring physician obtains a service preauthorization from the insurer or self-insured employer after disclosure of the financial relationship.

This bill would require the insurer or self-insured employer to process a service preauthorization request in accordance with provisions relating to utilization review.

(3) Existing law authorizes an insurer or employer to establish or modify a medical provider network for the provision of medical treatment to injured employees.

This bill would prohibit a medical provider network from including an ambulatory surgical center.

(4) Existing law requires the administrative director to adopt and revise periodically an official medical fee schedule for services, drugs, fees, and goods. Existing law prohibits the maximum facility fee for services performed in an ambulatory surgical center or in a hospital outpatient department from exceeding 120% of the fee paid by Medicare for the same services performed in a hospital outpatient department.

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This bill would establish reimbursement methodologies for surgical implants and accessories or supplies directly used with an implant provided in connection with an ambulatory surgical center or hospital outpatient department, and would make other technical, nonsubstantive changes.

(5) Existing law requires that implantable medical devices, hardware, and instrumentation for certain Diagnostic Related Groups (DRGs) be separately reimbursed in accordance with a prescribed formula.

This bill would require that comparable procedures performed on an outpatient basis be similarly reimbursed in accordance with this formula.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 717 of the Insurance Code is amended 2 to read:

717. (a) Before granting a certificate of authority or amended 3 4 certificate of authority to any applicant, the commissioner shall consider the qualifications of said applicant in respect to the 6 following subjects: (a) (1) capital and surplus; (b) (2) lawfulness and quality of investments; (e) (3) financial stability; (d) (4) 8 reinsurance arrangements; (e) (5) competency, character, and 9 integrity of management; (f) (6) ownership and control of issued 10 and outstanding shares in the case of a capital stock insurer; (g) 11 (7) whether claims under policies are promptly and fairly adjusted and are promptly and fully paid in accordance with law 12 13 and the terms of policies; (h) (8) fairness and honesty of methods 14 of doing business; (i) (9) method by which said applicant was 15 promoted if any of its promoters remain as stockholders or in management; and $\frac{1}{1}$ (10) hazard to policyholders or creditors. 16 17

(b) For the purposes of this section, an applicant's reinsurance arrangement shall be considered materially deficient only where the commissioner examines the applicant's reinsurance agreements and finds that they do not meet the requirements of paragraphs (1) and (2).

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22 (1) The applicant's reinsurance agreements meet any of the 23 following:

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(A) The requirements of Sections 922.1 to 922.9, inclusive, or where applicable, the requirements of the credit for reinsurance law of the state of domicile of a foreign insurer applicant.

- (B) The standards applicable to reinsurance agreements subject to Sections 1215.1 to 1215.15, inclusive, or where applicable, the requirements of the insurance holding company system law of the state of domicile of a foreign insurer applicant.
- (C) The required terms for reinsurance agreements established in the Accounting Practices & Procedures Manual adopted by the National Association of Insurance Commissioners.
- (2) A disallowance of credit for the applicant's reinsurance agreements that fail to meet the requirements of paragraph (1) would render the applicant's financial condition hazardous to the public.
- (c) Upon consideration of all relevant qualifications the commissioner shall issue a certificate of authority to such applicant, unless the commissioner shall have made a finding, or findings, that the applicant is materially deficient in respect to one or more of the items as outlined in (a) through (j), above set forth in subdivision (a).
- SEC. 2. Section 922.1 of the Insurance Code is amended to read:
 - 922.1. The Legislature declares its intent that:
- (a) The following is in the best interest of California domestic insureds, claimants, ceding insurers, assuming insurers and the public generally; given the size of the California insurance market and the great concentration of risk and natural disaster perils, California's insurance market is highly dependent upon reinsurance. Reinsurance is a global business conducted by sophisticated insurers and reinsurers. Regulation of reinsurance arrangements must be consistent throughout the United States to enhance the availability of reinsurance in California. If this does not occur, California domestic insurers and their customers will be adversely impacted. Adherence to the 1996 National Association of Insurance Commissioners Credit for Reinsurance Model Law is the best way to insure consistent regulation. The Model Law: (1) recognizes the need for consistency and regulation by other states' insurance departments of their domestic insurance companies, and (2) grants the ceding

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insurer's United States domestic regulator the exclusive 1 regulatory authority to determine the reinsurance credit 3 permitted for such insurer, assuming the other state has a 4 substantially similar credit for reinsurance law. Further, the availability of reinsurance and a regulatory scheme that does not infringe upon insurers' and reinsurers' statutory, contractual or 6 7 common law rights is in the best interests of Californians. The 8 authority granted to the commissioner shall be construed 9 consistently with the National Association of Insurance 10 Commissioners Accounting Practices and Procedures Manual, as adopted in Section 923. 11

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(b) In some instances, it is appropriate for the protection of insureds, insurers, and the public generally, that assuming insurers be required to provide security for the payment of their reinsurance obligations.

(b)

(c) Where such security is provided, and upon the insolvency of the assuming insurer or *upon the* initiation of receivership proceedings against it, the commissioner shall have the authority to determine whether it is in the best interest of insureds, claimants, and insurers to retain such security in the United States, to allow the filing of claims against the assuming insurer in the United States, and to have such claims valued in a United States proceeding subject to United States laws.

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- (d) In furtherance of the protection of insureds, insurers, and the public generally, the Legislature hereby states that these matters are fundamental to the business of insurance and hereby exercises its powers and privileges available pursuant to Sections 1011 and 1012 of Title 15 of the United States Code.
- 32 SEC. 3. Section 922.2 of the Insurance Code is amended to 33 read:
- 922.2. (a) Credit for reinsurance shall be allowed a domestic ceding insurer as either an asset or a deduction from liability in accordance with Sections 922.4 and 922.5 only if the reinsurance contract contains provisions that provide, in substance, as follows:

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(1) The reinsurer shall indemnify the ceding insurer for—any portion of the risk it has assumed according to the terms and conditions contained in the reinsurance contract.

(2) In the event of insolvency and the appointment of a conservator, liquidator, or statutory successor of the ceding company, the portion of any risk or obligation assumed by the reinsurer shall be payable to the conservator, liquidator, or statutory successor on the basis of claims allowed against the insolvent company by any court of competent jurisdiction or by any conservator, liquidator, or statutory successor of the company having authority to allow such claims, without diminution because of that insolvency, or because the conservator, liquidator, or statutory successor has failed to pay all or a portion of any claims. Payments by the reinsurer as set forth in this subdivision shall be made directly to the ceding insurer or to its conservator, liquidator, or statutory successor, except where the contract of insurance or reinsurance specifically provides another payee of such reinsurance in the event of the insolvency of the ceding insurer.

The reinsurance contract may provide that the conservator, liquidator, or statutory successor of a ceding insurer shall give written notice of the pendency of a claim against the ceding insurer indicating the policy or bond reinsured, within a reasonable time after such claim is filed and the reinsurer may interpose, at its own expense, in the proceeding where such claim is to be adjudicated, any defense or defenses which it may deem available to the ceding insurer or its conservator, liquidator, or statutory successor. The expense thus incurred by the reinsurer shall be payable subject to court approval out of the estate of the insolvent ceding insurer as part of the expense of conservation or liquidation to the extent of a proportionate share of the benefit which may accrue to the ceding insurer in conservation or liquidation, solely as a result of the defense undertaken by the reinsurer.

(b) Payment pursuant to a reinsurance contract shall be made within—a reasonable time with reasonable provision for verification in accordance with the terms of the reinsurance agreement. However, in no event shall the payments be beyond the period required by the National Association of Insurance

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1 Commissioners (NAIC) Accounting Practices and Procedures 2 Manual.

- (c) The original insured or policyholder shall not have any rights against the reinsurer which are not specifically set forth in the contract of reinsurance, or in a specific agreement between the reinsurer and the original insured or policyholder.
- (d) The commissioner shall not require that specific terms or provisions be included in a reinsurance agreement as a condition for the allowance of credit for reinsurance.
- SEC. 4. Section 922.3 of the Insurance Code is amended to read:
- 922.3. Notwithstanding any other provision of law, credit for reinsurance, as either an asset or a-deduction reduction, shall not be allowed in any accounting or financial statement of—the a domestic ceding insurer—in respect to any so-called reinsurance contract unless, in—such the reinsurance contract, the reinsurer undertakes to indemnify the ceding insurer, not only in form but in fact, against—all or a part of the loss or liability arising out of the original insurance.
- SEC. 5. Section 922.4 of the Insurance Code is amended to read:
- 922.4. Credit for reinsurance shall be allowed a domestic ceding insurer as either an asset or a-deduction reduction from liability on account of reinsurance ceded only when the reinsurer meets the requirements of subdivision (a), (b), (c), or (d) or (e). Credit shall be allowed under subdivision (a) or, (b) or (c) only for cessions of those kinds or classes of business that the assuming insurer is licensed or otherwise permitted to write or assume in its state of domicile or, in the case of a United States branch of an alien assuming insurer, in the state through which it is entered and licensed to transact insurance or reinsurance. If meeting the requirements of subdivision-(e) (g) shall also be met.
- (a) Credit shall be allowed when the reinsurance is ceded to an assuming insurer that is licensed to transact insurance or reinsurance in this state-unless the assuming insurer is the subject of a regulatory order or regulatory oversight by any state in which it is licensed based upon a commissioner's determination that the assuming insurer is in a hazardous financial condition.

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(b) (1) Credit shall be allowed when the reinsurance is ceded to an assuming insurer that is accredited as a reinsurer in this state—unless the assuming insurer is the subject of a regulatory order or regulatory oversight by any state in which it is licensed based upon a commissioner's determination that the assuming insurer is in a hazardous financial condition. An accredited reinsurer is one that does all of the following:

- (A) Files with the commissioner evidence of its submission to this state's jurisdiction.
- (B) Submits to this state's authority to examine its books and records.
- (C) Designates the commissioner or a designated attorney in this state as its true and lawful attorney upon whom may be served any lawful process in any action, suit, or proceeding instituted by or on behalf of the ceding insurer.
- (D) Is licensed to transact insurance or reinsurance in at least one state, or in the case of a United States branch of an alien assuming insurer, is entered through and licensed to transact insurance or reinsurance in at least one state.
- (E) Files annually with the commissioner a copy of its annual statement filed with the insurance department of its state of domicile and a copy of its most recent audited financial statement and other financial information requested by the commissioner.
- (F) Submits a statement, signed and verified by an officer of the assuming insurer to be true and correct, that discloses whether the assuming insurer or any affiliated person who owns or has a controlling interest in the assuming insurer is currently known to be the subject of any of the following:
- (i) Any order or proceeding regarding conservation, liquidation, or receivership.
- (ii) Any order or proceeding regarding the revocation or suspension of a license or accreditation to transact insurance or reinsurance in any jurisdiction.
- (iii) Any order or proceeding brought by an insurance regulator in any jurisdiction seeking to restrict or stop the assuming insurer from transacting insurance or reinsurance based upon a hazardous financial condition.

The assuming insurer shall provide the commissioner with copies of any orders or other documents initiating proceedings subject to disclosure under this paragraph. The statement shall

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affirm that no actions, proceedings, or orders subject to this subparagraph are outstanding against the assuming insurer or any affiliated person who owns or has a controlling interest in the assuming insurer, except as disclosed in the statement.

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- (F) Maintains a surplus as regards policyholders in an amount that is not less than twenty million dollars (\$20,000,000) and whose accreditation has not been denied by the commissioner within 90 days of its submission or maintains a surplus as regards policyholders in an amount less than twenty million dollars (\$20,000,000) and whose accreditation has been approved by the commissioner.
- (2) The commissioner may deny or revoke an assuming insurer's accreditation if the assuming insurer does not meet all of the standards required of an accredited reinsurer, or if its accreditation would be hazardous to the policyholders of this state. In determining whether to deny or revoke accreditation, the commissioner may consider the qualifications of the assuming insurer with respect to all the following subjects:
 - (A) Its financial stability.
 - (B) The lawfulness and quality of its investments.
- (C) The competency, character, and integrity of its management.
- (D) The competency, character, and integrity of persons who own or have a controlling interest in the assuming insurer.
- (E) Whether claims under its contracts are promptly and fairly adjusted and are promptly and fully paid in accordance with the law and the terms of the contracts.
- (3) Credit shall not be allowed a domestic ceding insurer if the assuming insurer's accreditation has been revoked by the commissioner after notice and hearing.
- (4) The actual costs and expenses incurred by the department to review a reinsurer's request for accreditation and subsequent reviews shall be charged to and collected from the requesting reinsurer. If the reinsurer fails to pay the actual costs and expenses promptly when due, the commissioner may refuse to accredit the reinsurer or may revoke the reinsurer's accreditation.
- (c) (1) Credit shall be allowed when the reinsurance is ceded to an assuming insurer that is domiciled in, or in the case of a United States branch of an alien assuming insurer is entered

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through, a state that employs standards regarding credit for
reinsurance substantially similar to those applicable under this
statute and the assuming insurer or United States branch of an
alien assuming insurer does the following:

- (A) Maintains a surplus as regards policyholders in an amount not less than twenty million dollars (\$20,000,000).
- (B) Submits to the authority of this state to examine its books and records.
- (2) The requirement of subparagraph (A) does not apply to reinsurance ceded and assumed pursuant to pooling arrangements among insurers in the same holding company system.

13 (e)

- (d) (1) Credit shall be allowed when the reinsurance is ceded to an assuming insurer that maintains a trust fund in a qualified United States financial institution as defined in subdivision (b) of Section 922.7 for the payment of the valid claims of its United States ceding insurers, their assigns, and successors in interest. To enable the commissioner to determine the sufficiency of the trust fund the assuming insurer shall report annually to the commissioner information substantially the same as that required to be reported on the NAIC Annual Statement form by licensed insurers or any other form required by the NAIC.
- (2) Credit for reinsurance shall not be granted under this subdivision unless the form of the trust and any amendments to the trust have been approved by either:
- (A) The commissioner of the state where the trust is domiciled.
- (B) The commissioner of another state who, pursuant to the terms of the trust instrument, has accepted principal regulatory oversight of the trust.

The trust and any trust amendments shall also be filed with the commissioner of every state in which the ceding insurer beneficiaries of the trust are domiciled. Notwithstanding the foregoing, nothing in this paragraph shall prevent the commissioner from disapproving the form of the trust if it is not in compliance with this state's laws and regulations.

(3) Credit for reinsurance shall not be granted under this subdivision unless the following requirements are met:

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(A) The trust instrument shall provide that contested claims shall be valid, enforceable, and payable out of funds in trust to the extent remaining unsatisfied 30 days after entry of the final order of any court of competent jurisdiction in the United States.

- (B) The trust shall vest legal title to its assets in the trustees of the trust for the benefit of the grantor's United States ceding insurers, their assigns, and successors in interest.
- (C) The trust and the assuming insurer shall be subject to examination as determined by the commissioner.
- (D) The trust shall remain in effect for as long as the assuming insurer, or any member or former member of a group of insurers, shall have outstanding obligations due under the reinsurance agreements subject to the trust.
- (E) No later than February 28 of each year, the trustees of the trust shall report to the commissioner in writing setting forth the balance of the trust and listing the trust's investments at the preceding year end and shall certify the date of termination of the trust, if so planned, or certify that the trust shall not expire within the next 18 months.
- (4) The following requirements apply to the following categories of assuming insurer:
- (A) The trust fund for a single assuming insurer shall consist of funds in trust in an amount not less than the assuming insurer's liabilities attributable to reinsurance ceded by United States domiciled ceding insurers, and, in addition, the assuming insurer shall maintain a trusteed surplus of not less than twenty million dollars (\$20,000,000).
- (B) In the case of a group including incorporated and individual unincorporated underwriters:
- (i) For reinsurance ceded under reinsurance agreements with an inception, amendment, or renewal date on or after August 1, 1995, the trust shall consist of a trusteed account in an amount not less than the group's several liabilities attributable to business ceded by United States domiciled ceding insurers to any member of the group.
- (ii) For reinsurance ceded under reinsurance agreements with an inception date on or before July 31, 1995, and not amended or renewed after that date, notwithstanding the other provisions of this article, the trust shall consist of a trusteed account in an amount not less than the group's several insurance and

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1 reinsurance liabilities attributable to business written in the 2 United States.

- (iii) In addition to the trusts required in clauses (i) and (ii), the group shall maintain in trust a trusteed surplus of which one hundred million dollars (\$100,000,000) shall be held jointly for the benefit of the United States domiciled ceding insurers of any member of the group for all years of account.
- (iv) The incorporated members of the group shall not be engaged in any business other than underwriting as a member of the group and shall be subject to the same level of regulation and solvency control by the group's domiciliary regulator as are the unincorporated members.
- (v) The group shall, within 90 days after its financial statements are due to be filed with the group's domiciliary regulator, provide to the commissioner an annual certification by the group's domiciliary regulator of the solvency of each underwriter member; or if a certification is unavailable, financial statements prepared by independent public accountants of each underwriter member of the group.
- (C) In the case of a group of incorporated insurers under common administration, the group shall meet all of the following requirements:
- (i) Have continuously transacted an insurance business outside the United States for at least three years immediately prior to making application for accreditation and be in good standing with its domiciliary regulator.
- (ii) Demonstrate that individual insurer members maintain standards and financial conditions reasonably comparable to admitted insurers.
- (iii) Maintain aggregate policyholders' surplus of at least ten billion dollars (\$10,000,000,000).
- (iv) Maintain a trust fund in an amount not less than the group's several liabilities attributable to business ceded by United States domiciled ceding insurers to any member of the group pursuant to reinsurance contracts issued in the name of such group.
- (v) In addition, maintain a joint trusteed surplus of which one hundred million dollars (\$100,000,000) shall be held jointly for the benefit of United States ceding insurers of any member of the group—as—additional—security—for—these—liabilities.—The

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commissioner shall have the authority to require additional amounts to be held in the trust as a condition for initial or continued accreditation if the commissioner determines that these additional amounts are required for the protection of ceding insurers.

- (vi) Within 90 days after its financial statements are due to be filed with the group's domiciliary regulator, make available to the commissioner an annual certification of each underwriter member's solvency by the member's domiciliary regulator, and financial statements for each underwriter member of the group prepared by its independent public accountant.
- (5) The actual costs and expenses incurred by the department to review the trusts and subsequent amendments established or maintained pursuant to this subdivision shall be charged to and collected from the requesting reinsurer or group. If the reinsurer or group fails to pay the actual costs and expenses promptly when due, the commissioner may refuse to allow credit for reinsurance ceded to that reinsurer or group.

(d)

(e) Credit shall be allowed when the reinsurance ceded to an assuming insurer not meeting the requirements of subdivision (a), (b), or (c), but only as to the insurance of risks located in jurisdictions where the reinsurance is required by applicable law or regulation of that jurisdiction.

(e)

- (f) If the assuming insurer is not licensed or accredited to transact insurance or reinsurance in this state, the credit permitted by subdivision (c) shall not be allowed unless the assuming insurer does both of the following:
- (1) Submits-In the event of the failure of the assuming insurer to perform its obligations under the terms of the reinsurance agreement, the assuming insurer, at the request of the ceding insurer submits to the jurisdiction of any court of competent jurisdiction in any state of the United States, complies with all requirements necessary to give such court jurisdiction, and abides by the final decision of the court or of any appellate court in the event of an appeal.
- (2) Designates the commissioner or a designated attorney in this state as its true and lawful attorney upon whom may be

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served any lawful process in any action, suit, or proceeding instituted by or on behalf of the ceding insurer.

This subdivision is not intended to conflict with or override the obligation of the parties to a reinsurance agreement to arbitrate their disputes, if this obligation is created in the agreement.

(f)

- (g) If the assuming insurer does not meet the requirements of subdivision (a), (b), or (d), the credit permitted by subdivision (c) shall not be allowed unless the assuming insurer agrees in the trust agreement that notwithstanding any other provision in the trust instrument, if the trust fund is inadequate because it contains an amount less than the amount required by paragraph (4) of subdivision (c), or if the grantor of the trust has been declared insolvent or placed into receivership, rehabilitation, liquidation, or similar proceedings under the laws of its state or country of domicile:
- (1) The trustee shall comply with an order of the commissioner with regulatory oversight over the trust or with an order of a court of competent jurisdiction directing the trustee to transfer to the commissioner with regulatory oversight all of the assets of the trust fund.
- (2) The assets shall be distributed by, and insurance claims shall be filed with and valued by, the commissioner with regulatory oversight in accordance with the laws of the state in which the trust is domiciled that are applicable to the liquidation of domestic insurance companies.
- (3) If the commissioner with regulatory oversight determines that the assets of the trust fund or any part thereof are not necessary to satisfy the claims of the United States ceding insurers of the grantor of the trust, the assets or part thereof shall be returned by the commissioner with regulatory oversight to the trustee for distribution in accordance with the trust agreement.
- (4) The grantor hereby waives any right otherwise available to it under United States law that is inconsistent with this provision.
- SEC. 6. Section 922.5 of the Insurance Code is amended to read:
- 922.5. (a) An asset or a deduction reduction from liability for reinsurance ceded by a domestic insurer to an assuming insurer not meeting the requirements of Section 922.4 shall be allowed in

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an amount not exceeding the liabilities carried by the ceding insurer to the extent of either of the following:

- (1) The asset or—deduction reduction is not greater than the amount of funds held by the ceding insurer under a reinsurance contract with that assuming insurer as security for the payment of obligations thereunder and such funds are held in the United States under the exclusive control of the ceding insurer.
- (2) The asset or <u>deduction</u> reduction is not greater than the amount of funds held in a trust, satisfactory to the commissioner, on behalf of the ceding insurer under a reinsurance contract with such assuming insurer as security for the payment of obligations thereunder and is held in a qualified United States financial institution, as defined in subdivision (b) of Section 922.7, subject to withdrawal solely by the ceding insurer.

The security under this subdivision may be in the form of cash or securities authorized as general investments under Article 3 (commencing with Section 1170) of Chapter 2, or securities listed by the Securities Valuation Office of the NAIC, qualifying as admitted assets under this code and with liquidity meeting the requirements of Section 706.5.

- (b) An asset or a—deduction reduction from liability for reinsurance ceded by a domestic insurer to an assuming insurer not meeting the requirements of Section 922.4 shall be allowed in an amount not exceeding the liabilities carried by the ceding insurer to the extent that security is provided in the form of letters of credit, satisfactory to the commissioner, which shall be:
- (1) Clean, irrevocable, unconditional letters of credit, issued or confirmed by a qualified United States financial institution, as defined in subdivision (a) of Section 922.7, effective no later than December 31st in respect of the year for which filing is being made, and in the possession of the ceding insurer on or before the filing date of its annual statement.
- (2) Letters of credit meeting applicable standards of issuer acceptability as of the dates of their issuance or confirmation and shall, notwithstanding the issuing or confirming institution's subsequent failure to meet applicable standards of issuer acceptability, continue to be acceptable as security until their expiration, extension, renewal, modification, or amendment, whichever first occurs.

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1 SEC. 7. Section 922.6 of the Insurance Code is amended to 2 read:

- 922.6. (a) Unless credit Credit for reinsurance or deduction reduction from liability is disallowed pursuant to Section 922.3 or 923, credit for reinsurance or deduction from liability shall be allowed a foreign ceding insurer to the extent credit has been allowed by the ceding insurer's state of domicile if either:
 - (1) The state of domicile is accredited by the NAIC.
- (2) Credit or deduction from liability would be allowed under this statute if the foreign ceding insurer were domiciled in this state. The state of domicile has enacted a credit for reinsurance law that is substantially similar to that in effect in California.
- (b) Notwithstanding subdivision (a), credit for reinsurance or deduction from liability may be disallowed upon a finding by the commissioner that either the condition of the reinsurer, or the collateral or other security provided by the reinsurer, does not satisfy the credit for reinsurance requirements applicable to ceding insurers domiciled in this state.
- SEC. 8. Section 922.7 of the Insurance Code is amended to read:
- 922.7. (a) For purposes of subdivision (b) of Section 922.5, a "qualified United States financial institution" means an institution that complies with all of the following:
- (1) Is organized or in the case of a United States office of a foreign banking organization, licensed, under the laws of the United States or any state thereof.
- (2) Is regulated, supervised, and examined by United States federal or state authorities having regulatory authority over banks and trust companies.
- (3) Has been determined by the commissioner, or, in the discretion of the commissioner, the Securities Valuation Office of the NAIC, to meet such standards of financial condition and standing as are considered necessary and appropriate to regulate the quality of financial institutions whose letters of credit will be acceptable to the commissioner.
- (b) A "qualified United States financial institution" means, for purposes of those provisions of this law specifying those institutions that are eligible to act as a fiduciary of a trust, an institution that is both:

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(1) Organized, or in the case of a United States branch or agency office of a foreign banking organization, licensed, under the laws of the United States or any state thereof and has been granted authority to operate with fiduciary powers.

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- (2) Regulated, supervised, and examined by federal or state authorities having regulatory authority over banks and trust companies.
 - SEC. 9. Section 922.8 of the Insurance Code is repealed.
- 922.8. (a) The commissioner, after notice, comment period, and a hearing if requested by more than 10 affected insurers, may issue a bulletin setting forth reasonable requirements for the allowance of reinsurance as an asset or deduction from liability consistent with Sections 922.4 to 922.6, inclusive, including the following:
 - (1) Filing requirements for an accredited assuming insurer.
- (2) Accreditation requirements for an assuming insurer with less than a twenty million dollars (\$20,000,000) surplus as regards policyholders.
- (3) The definition of "liabilities" as used in Sections 922.4 and 922.5.
- (4) Investment guidelines for trust funds established and maintained pursuant to subdivision (c) of Section 922.4.
- (5) Definitions and required or permitted conditions for trust funds established and maintained pursuant to Section 922.5.
- (6) Requirements of letters of credit established and maintained pursuant to Section 922.5.
- (b) On or before January 1, 1998, the commissioner shall notify the Legislature that the bulletin has been promulgated so that the Legislature is able to ensure the commissioner's compliance with the requirements of this subdivision.
- (c) The bulletin authorized by this section shall have the same force and effect, and may be enforced by the commissioner to the same extent and degree, as regulations issued by the commissioner until the time that the commissioner issues additional or amended regulations pursuant to subdivision (d).
- (d) The commissioner shall adopt regulations implementing the provisions of this law, that shall supersede the bulletin authorized by this section, no later than December 31, 2001.
- SEC. 10. Section 1011 of the Insurance Code is amended to 40 read:

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1011. The superior court of the county in which the principal office of a person described in Section 1010 is located shall, upon the filing by the commissioner of the verified application showing any of the following conditions hereinafter enumerated to exist, issue its order vesting title to all of the assets of that person, wheresoever situated, in the commissioner or his or her successor in office, in his official capacity as such, and direct the commissioner forthwith to take possession of all of its books, records, property, real and personal, and assets, and to conduct, as conservator, the business of said person, or so much thereof as to the commissioner may seem appropriate, and enjoining said person and its officers, directors, agents, servants, and employees from the transaction of its business or disposition of its property until the further order of said court:

- (a) That such person has refused to submit its books, papers, accounts, or affairs to the reasonable inspection of the commissioner or his or her deputy or examiner.
- (b) That such person has neglected or refused to observe an order of the commissioner to make good within the time prescribed by law any deficiency in its capital if it is a stock corporation, or in its reserve if it is a mutual insurer.
- (c) That such person, without first obtaining the consent in writing of the commissioner, has transferred, or attempted to transfer, substantially its entire property or business or, without such consent, has entered into any transaction the effect of which is to merge a merger, consolidate consolidation, or reinsure transfer by assumption reinsurance of substantially its entire property or business in or with the property or business of any other person. For the purposes of this chapter, "assumption reinsurance" shall mean any contract that does the following:
- (1) Transfers insurance obligations or risks, or both, of existing or in-force contracts of insurance from a transferring insurer to an assuming insurer.
- (2) Is intended to effect a novation of the transferred contract of insurance with the result that the assuming insurer becomes directly liable to the policyholders of the transferring insurer and the transferring insurer's insurance obligations or risks, or both, under the contracts are extinguished.

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(d) That such person is found, after an examination, to be in such condition that its further transaction of business will be hazardous to its policyholders, or creditors, or to the public.

- (e) That such person has violated its charter or any law of the state.
- (f) That any officer of such person refuses to be examined under oath, touching its affairs.
- (g) That any officer or attorney in fact of such person has embezzled, sequestered, or wrongfully diverted any of the assets of such person.
- (h) That a domestic insurer does not comply with the requirements for the issuance to it of a certificate of authority, or that its certificate of authority has been revoked; or
- (i) That the last report of examination of any person to whom the provisions of this article apply shows such person to be insolvent within the meaning of Article 13 (commencing with Section 980), Chapter 1, Part 2, Division 1; or if a reciprocal or interinsurance exchange, within the applicable provisions of Section 1370.2, 1370.4, 1371, or 1372; or if a life insurer, within the applicable provisions of Sections 10510 and 10511.

All matter omitted in this version of the bill appears in the bill as introduced in Assembly, February 23, 2006 (JR11)